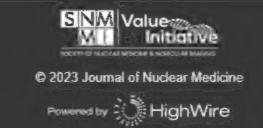




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f in x a Content * Subscriptions * Home Authors * info * About * More * Meeting Report Educational Exhibits A systematic approach to PET/CT interpretation and reporting in oncology Thomas Heston, Richard Wahl and Heather Jacene Journal of Nuclear Medicine May 2009, 50 (supplement 2) 1089 Article Info & Metrics In this issue Journal of Nuclear Medicine Vol. 50, Issue supplement 2 Abstract May 2009 Table of Contents 1089 Index by author Learning Objectives A structured interpretation of PET/CT scans is likely to decrease error rates. We present one approach for the systematic interpretation and reporting of PET/CT scans in general oncology. Article Alerts A Share Summary: QUALITY CONTROL: Protocols are up-to-date and known to the entire staff. Deviations Email Article x Post are flagged for physician attention. Images are reviewed to ensure all fields of view are imaged. Citation Tools Like 0 artifacts accounted for, anatomic fusion is adequate, additional images ordered as needed, and referring clinicians notified of urgent findings. INTERPRETATION: Review scout for metallic Bookmark this article artifacts, MIP for an overview, then coronal views. Correlate axial PET views with CT. View sagittal images focusing on the spine. Review bone & lung windows on CT. REPORTING: State injected Jump to section dose & uptake time. Categorize findings by anatomic location. Intensity of tracer uptake, location, Article size, and CT appearance are reported for each lesion. For innumerable lesions, representative O Info & Metrics lesions based on ability to track over time are reported. For follow up scans, changes in size, degree of FDG uptake, and new lesions, if any, identified. Relevant Interval anatomic imaging is reviewed, particularly pulmonary findings. Report standardized uptake values (SUV) corrected for lean body mass. IMPRESSION: Answer the referring clinician's question. State whether lesions are · Related Articles malignant, benign, or when equivocal give best impression as to which is more fikely. When evaluating response to therapy, categorize as complete or partial response, stable disease, or No related articles found. progression. Provide SUV parameters if relevant for hottest lesion and reference tissue, List differential diagnoses in descending order of probability. Further imaging recommendations specify Google Scholar the precise imaging exam. ▶ Cited By.... © 2009 by Society of Nuclear Medicine ▶ More in this TOC Section

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